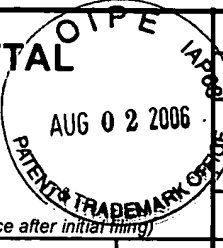


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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/808,385
Filing Date	March 25, 2004
First Named Inventor	SCHMIDER
Art Unit	3611
Examiner Name	HURLEY, Kevin
Total Number of Pages in This Submission	Attorney Docket Number 13973-2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee: Part B - Fee(s) Transmittal in duplicate Return Receipt Postcard
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Bereskin & Parr		
Signature			
Printed Name	Scott Pundsack		
Date	July 31, 2006	Reg. No.	47,330

CERTIFICATE OF TRANSMISSION/MAILING

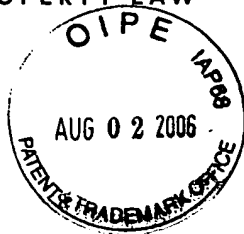
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Bereskin & Parr

INTELLECTUAL PROPERTY LAW



July 31, 2006

Scott R. Pundsack B.A.Sc. (Civil Eng.), LL.B.
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Our Reference: 13973-2

ISSUE FEE

Mail-Stop-Issue-Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA
U.S.A 22313-1450

Dear Sir:

Re: U.S. Patent Application Serial No. 10/808,385
For: CANTILEVER REAR SUSPENSION FOR A BICYCLE
Filing Date: March 25, 2004
Applicant: SCHMIDER et al.

This correspondence is responsive to the Notice of Allowance and Fee(s) Due dated May 3, 2006, in the above noted patent application.

As required, we enclose herewith the Issue Fee Transmittal forms and one set of fifteen sheets of formal drawings.

The government fee of \$1,000.00 is included in our firm's cheque. Please charge any deficiency or credit any overpayment to our deposit account No. 02-2095.

Respectfully submitted,

SCHMIDER ET AL.

Scott Pundsack
Reg'n No. 47,330
/js

Manulife Corporate Park, 6733 Mississauga Road, Suite 600, Mississauga, Ontario L5N 6J5

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